Employee Time Record Sheet for Mandated Costs GENERAL OBLIGATION (55%) BONDS (K-14) Citizen Oversight Committee

Form Instructions

The purpose of this time record is to collect information on employee time spent working on programs mandated by the state. *Do not report time on this form that has already been reported on form 1.6B-2.*

Employee Information

Your name, exact job title, time spent, and description of the activity is required by the State Controller to support the annual claim for reimbursement. The department and location information is used to obtain payroll information when necessary for determining the cost of the time spent on the program.

Activity Description:

Code 2 Citizen Oversight Committee

- A. MEMBER SELECTION: Establishing and implementing a selection process for the appointment of the advisory committee consisting of not less than seven members that are representative of each of the criteria required by Education Code Section 15282.
- B. ADMINISTRATIVE SUPPORT: Providing the committee with technical and administrative assistance, including maintaining a website, financial audit reports, inspections of school facilities and grounds, and deferred maintenance proposals, pursuant to Education Code sections 15278 and 15280.
- C. PUBLIC HEARINGS: Conducting public hearings according to the provisions of the Open Meetings Act pursuant to Education Code Section 15280, including posting all minutes and documentation on the district Internet website.
- D. REPORTING: Preparing and issuing regular reports of the committee activities and findings, pursuant to Education Code Section 15280.

On the back of this sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable activities. If your activity generates work product such as policy statements, forms, brochures, meeting agenda materials, please send them along with these forms for our files.

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District/COE: San Mateo CCCD					Fiscal Year:				
Employee Name					Exact Position Title				
Dept. & Location				Telephone #	12mo/11mo/10mo/hrly Work year length				
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NOTE	. Only	- 	<u> </u>						
Date:		Activity Code Enter Code A -D	Describe Activity:				Time in Hours	Materials Costs & Expenses:	
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Employee Signature Date									
If you h	If you have any questions, please contact Raymond Chow, at 358-6742.								
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